Name in Full Lillie Adams

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 8 Month Oct Day 6 | Age Y. 34 M. D. | Native of Maryland | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband Wife of X

Father's Name X

Mother's Name X

Cause of Death { Primary Imbecility 2 yrs | How long sick 6 months

Immediate Pulmonary Tuberculosis | Accident, Suicide, Homicide

Reported by Mrs Wade

Address Mt Hope Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 67888

Name in Full — Certificate of Death

Emory Taylor Ayers

Died at Town Sutherville County Balto. MARYLAND

Date 189[illegible] Month Oct Day 25 | Age Y. 10 M. 7 D. | Native of Md | ~~Occupation~~

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children~~ living

Husband of Wife

Father's Name Henry T Ayers | ~~Mother's~~ Name Annie E Ayers.

Cause of Death — Primary: Gastro enteritis — How long sick

Immediate: collapse 5d — Accident, Suicide, Homicide

Reported by Dr J. C. Peebles

Address Sutherville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full | Certificate of Death

Robert Barry

Diod at Town: St Agnes Hospital County: Baltimore MARYLAND

Date 189 8 / Month 10 Day 4 | Age Y. 34 M. D. | Native of Md. | Occupation Salesman

Male | White | Married | Widow | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband of Wife

34

Father's Name | Mother's Name

Cause of Death: Primary Alcoholism Chronic | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by D. G. O'Connor, M.D.

Address St Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Evans & Spence
1000 E Balto St.
Balto.

Name in Full Clay Albert Bishop

Certificate of Death

Died at Town Pikesville County Baltimore MARYLAND

Date 1898 Month 10 Day 9 Age Y. 16 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Enteric-colitis How long sick

Immediate 82 Accident, Suicide, Homicide

Reported by Dr. P. E. Wyse, M.D.

Address Pikesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thomas Brown

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 189 6 Month 10-17 Day | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal Forum 10-22

Address

Must be signed by physician, if any in attendance, otherw[illegible] coroner, undertaker or minister.

LIBRARY BUREAU. 65D6R

Name in Full — Certificate of Death

Mary Ann Brummel

Died at Town: Fredk. Ave nn Birchfield — County: Baltimore — MARYLAND

Date 189 5 — Month 10 — Day 7 — Age Y. 86 M. D. — Native of Pa. — Occupation Housewife

~~Male~~ — White — ~~Married~~ — Widow — Divorced

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living

Husband of Wife

Father's Name — Mother's Name

141

Cause of Death — Primary: Old age — How long sick about 2 weeks

Immediate: Bronchitis Exhaustion — Accident, Suicide, Homicide

Reported by John G. Holliday M.D.

Address 714 Fredk. Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Victoria Barnes — Certificate of Death

Died at Bay View Asylum — Town — County Baltimore — MARYLAND

Date 189 F — Month 10 — Day 9 — Age Y. M. D. — Native of — Occupation

~~Male~~ Female — ~~White~~ Colored — Married — Single — Widow — Widower — Divorced — Unknown — Number of children living

Husband of / Wife

Father's Name

Mother's Name

229

Cause of Death { Primary: Phthisis Pulmonalis / Immediate: Exhaustion } — How long sick

Accident, Suicide, Homicide

Reported by D. Lee Corbin

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5968

Name in Full John T. Carter

Certificate of Death

Died at B. V. Asylum (Town) County Baltimore MARYLAND

Date 1895 Month 10 Day 3 Age Y. 27 M. D. Native of Va. Occupation Cook

~~Male~~ Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 229

Cause of Death: Primary Phthisis Pulmonalis — How long sick

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Lee Cohen M.D.

Address B. V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full Joseph B. Christopher

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 8 Month Oct Day 22 Age Y. 35 M. D. Native of Md Occupation Dancing Master

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living None

Husband of Wife X

Father's Name X Mother's Name X 45

Cause of Death Primary General Paresis How long sick 3 days.

Immediate Cerebral Effusion Accident, Suicide, Homicide

Reported by J Reg Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Thomas Colbert

Certificate of Death

Died at Town Sparrow's Point County Baltimore MARYLAND

Date 1898 Month 10 Day 28 | Age Y. M. D. | Native of | Occupation Fireman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Fall 152a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bate Co. Union Towson

Address 11-5

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Certificate of Death

Name in Full Caroline C. Collins

Died at St. Agnes Hospital Town, Baltimore County, MARYLAND

Date 189 8 Month 10 Day 13 Age Y. 20 M. D. Native of Md. Occupation None

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 224

Cause of Death { Primary Pulmonary Tuberculosis How long sick 1 year

Immediate Asthenia

Accident, Suicide, Homicide

Reported by S. E. O'Connor M.D.

Address St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45968

Name in Full Jane Mrs. Marcellus Cox

Certificate of Death

Died at Town County Baltimore MARYLAND

Date 189 8 Month 10 Day 16 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband~~ Wife of Marcellus Cox

Father's Name Andrew Anderson Mother's Name 52

Cause of Death Primary Nephalgia How long sick [illegible]

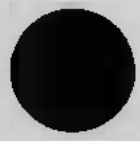
Immediate Exhaustion Accident, Suicide, Homicide

Reported by D. F. G. Mitchell

Address Verona Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full Mrs. Rebecca Diffenderfer

Certificate of Death

Died at Town Windsor Heights County Baltimore MARYLAND

Date 189 8 Month 10 Day 16 Age Y. M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of D. Wm. Diffenderfer

Father's Name Kelso Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Maryland Journal Towson

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66[illegible]

Name in Full | Certificate of Death

Winnie May Doefler

Died at Town: Providence | County: Balto | MARYLAND

Date 189 8 | Month: 10 | Day: 3 | Age Y. – M. 9 D. – | Netive of: Md | Occupation: Infant

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ X | Widow ~~Widower~~ X | Divorced ~~Number of children living~~ X

Husband / Wife of X

Father's Name: Jno C. Doefler | Mother's Name: Winnie May Doefler

Cause of Death: Primary: Meningitis 39a | How long sick

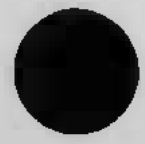
Immediate: Convulsions | Accident, Suicide, Homicide

Reported by: Dr R. C. Masscuburg

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full | Certificate of Death

Charles Donley — Danly

Died at Town: Mt Washington | County: Balto Co, | MARYLAND

Date 1898 | Month: October | Day: 2 | Age: Y. 71 M. D. | Native of: Ireland | Occupation: operator in Factory

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of: Mrs Donley

Father's Name: — | Mother's Name: —

Cause of Death: Primary: 22a | How long sick

Immediate: Consumption | Accident, Suicide, Homicide

Reported by: J. G. Bowen

Address: Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Julia A. Duggan — Certificate of Death

Died at — Town: Phoenix — County: Baltimore — MARYLAND

Date 189 8 — Month: 10 — Day: 19 — Age: Y. 23 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Andrew Duggan — Mother's Name: Mary Duggan

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Maryland Journal Tower

Address: [redacted] 10-72

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Thomas W. Dutton

Died at Town Pikesville County Balto. MARYLAND

Date 189 8 Month Oct. Day 29th Age Y. 68. M. — D. — Native of Balto. Occupation Merchant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children~~

~~Husband~~

~~Wife~~

~~Father's~~ ~~Mother's~~

~~Name~~ ~~Name~~

Cause of Death Primary

Immediate Tuberculosis 22a

How long sick

~~Accident, Suicide, Homicide~~

Reported by C. G. St. Kraft Undertaker

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU LIBRARY

Dr. Certificate filed
at Health Board
Balt. City

Dr. Myre
Pikesville

Name in Full John C. Enson

Certificate of Death

Died at Town Nelle Belfast. County Baltimore MARYLAND

Date 189 8 Month 10 Day 10 Age Y. M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 1556

Cause of Death Primary Heart failure

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dr. F. G. Mitchell

Address Verona, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Thomas E. Francis,

Died at Town: Lansville — County: Baltimore — MARYLAND

Date 189 5 — Month 10 — Day 7 — Age Y. 34 M. 10 D. — Native of Baltimore Co. — Occupation Railway Surgeon

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living 2

Husband of ~~Wife~~ Georgie T. (Cash) Francis

Father's Name Richard E. Francis — Mother's Name

Cause of Death — Primary: Typhoid fever — Immediate: Exhaustion — How long sick 1

Accident, Suicide, Homicide

Reported by Geo. A. Cord, M.D.,

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968

E. M. Williams,
Laurinburg, Ind.

Name in Full | Certificate of Death

Elsa Franke

Died at Town: Washington Road County: Baltimore MARYLAND

Date 189 8 Month 10 Day 15 Age Y. 3 M. 3 D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 20

Cause of Death: Primary Malaria

Immediate Exhaustion

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Z. B. Hall M.D.

Address Mr. Winans Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Nicholas Fink
1846 W. Pratt St.
Balto.

Name in Full Certificate of Death

Imogene O. Gambrill

Town County

Died at Connerton Baltimore MARYLAND

Date 189 8 Month 10 Day 22 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Walter C. Gambrill

Father's Name Mother's Name Mrs Catharine Owings

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Union Forum 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Julius Garnes

Died at Town Mt Washington County Balto MARYLAND

Date 1898 Month 10 Day 23 | Age Y. 26 M. — D. — | Native of Va | Occupation Waiter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children~~ living Two

Husband / Wife of Anna Garnes

Father's Name Dead

Mother's Name Dead

Cause of Death: Primary Asthma — How long sick 6 weeks

Immediate Endocarditis 74 — ~~Accident, Suicide, Homicide~~

Reported by Morris Shanks M.D

Address Mt Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Nickolas Gibson

Certificate of Death

Died at Town: Mt Gilboa County: Balto Co MARYLAND

Date 189 8. Month: Oct. Day: 4th | Age Y. 65. M. D. | Native of Howard Co Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband / ~~Wife~~ of Phoebe Gibson

Father's Name John Gibson | Mother's Name Fannie Gibson

Cause of Death — Primary: Angina Pectoris 58 | How long sick: 4 weeks

Immediate: Syncope | ~~Accident, Suicide, Homicide~~

Reported by Dr C L Mayfield Health Officer,

Address Columbia Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Charles Goldsmith

Died at Bay View Asylum — Town — County Baltimore — MARYLAND

Date 189 5 — Month 10 — Day 8 — Age Y. 75 M. — D. — Native of Ireland — Occupation Shoemaker

Male — White — Married — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name

Mother's Name 97

Cause of Death — Primary: Chronic Nephritis — How long sick

Immediate: Ivanition

Accident, Suicide, Homicide

Reported by Lee Cohen M.D.

Address Bay View Asylum, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

William Goldsmith

Certificate of Death

Died at Town Pikesville County Balto. MARYLAND

Date 1895 Month Oct Day 19. Age Y. 80 M. — D. —

Native of Maryland Occupation Old Soldier

Male White ~~Married~~ ~~Widower~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children~~

~~Husband~~

~~Wife~~

Father's Name Do not Know

Mother's Name Do not Know

How long sick

Cause of Death: Primary

Immediate Senile Debility

~~Accident, Suicide, Homicide~~

Reported by C. H. Kraft Undertaker

Address Pikesville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr. Hyse's
certificate of Death
filed with
Health Board
Balt. City

C. D. Kraft

Name in Full

Certificate of Death

Elizabeth Lyde J. Gordum

Died at Town Timonium County Baltimore MARYLAND

Date 1898 Month 10 Day 8 Age Y. 70 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward Dorsey Gordum Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Balt Co Union Towson

Address 10 - 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full

Certificate of Death

Mary Ann Green

Died at Town: Ward County: Baltimore MARYLAND

Date 189 Month: Oct Day: 10 | Age Y.: 80 M.: D.: | Native of: Harford Co | Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living 6

~~Husband~~ / Wife of Rev. John Green

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer Print Oct 14 15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full Carrie L. Hack

Certificate of Death

Died at near Town Rossville County Baltimore MARYLAND

Date 1898 Month 12 Day 18 Age Y. 33 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of John Hack

Father's Name

Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Maryland Journal Towson

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Elizabeth Hall

Died at Town Bay View Asylum County Baltimore MARYLAND

Date 189 Month Oct Day 7 | Age Y. 59 M. D. | Native of Balto. | Occupation Domestic

Male / Female

White / Colored

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~ / ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death { Primary Chronic Nephritis

Immediate Uraemia

How long sick

Accident, Suicide, Homicide

Reported by Lee Cohen M D

Address B. V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

J. Hennig & Son,
2 or 5 Orleans St.,
Balto.

Name in Full

Certificate of Death

Hamilton Harding

Died at Town Balto Co. County Almshouse MARYLAND

Date 1895 Month Oct Day 23 | Age Y. 65 M. D. | Native of England | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Dimorrow Tonson Oct 29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Henrietta Harding

Certificate of Death

Died at Town: Alms House County: Balto Co MARYLAND

Date 1898 Month 10 Day 22 | Age Y. 73 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary / Immediate Cirrhosis of liver

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Albert G. Hargrove

Died at Town Govanstown County Balto. MARYLAND

Date 189 8 Month Oct Day 3 Age Y. 4 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 72

Cause of Death { Primary Pneumonia | How long sick 1 week

Immediate | Accident, Suicide, Homicide

Reported by Dr. Hm Pearce

Address 1238 Guilford Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

H. C. Stiedafeld - 914 Greenwich Ave. -

Name in Full

Certificate of Death

Harriday.

Died at Town Mt Gilboa County Balto MARYLAND

Date 189 8. Month Oct Day 9. Age Y. — M. — D. 1 Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Joseph Harriday. Mother's Name Lena Harriday.

Cause of Death Primary Premature Birth. How long sick 1 day

Immediate Syncope

~~Accident, Suicide, Homicide~~

1381

Reported by Eliza White, Midwife.

Address Mt Gilboa Md Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Andrew Hart

Died at Town: Patapsco Neck | County: Baltimore | MARYLAND

Date 1898 | Month: Oct | Day: 17 | Age Y. M. D.: Not known | Native of: Not known | Occupation: Farm Hand

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of: Not married

Father's Name: Not known | Mother's Name: Not known

Cause of Death: Primary: Consumption 229 | How long sick: Not known

Immediate: during the night found dead in his Bed | Accident, Suicide, Homicide

Reported by: William Leyshon Jr

Address: ~~North Point P.O.~~ Canton Balto Co

William Leyshon Jr

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Attended by Dr. No Doctor

of

~~The undertaker was~~ buried by County

~~of~~ Constable Kirchoff

Information contained in this certificate received from North Point Patapsco Neck

of a Fellow workman

Name in Full

Certificate of Death

John S. Hayes

Died at Town Rosaville County Balto. MARYLAND

Date 189 8 Month Oct Day 29. | Age Y. 82 M. D. | Native of | Occupetion

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Fether's Name

Mother's Name

141

Ceuse of Deeth — Primery: Exhaustion due to old age — How long sick

Immediete — Accident, Suicide, Homicide

Reported by S. le. Schofield 10-29.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full George Heaffner

Certificate of Death

Died at Town Lansdowne County Balto. MARYLAND

Date 189 8 Month Oct Day 19 Age M. 7 D. 5 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name 82

Cause of Death { Primary Marasmus How long sick 2 months

Immediate Natural Causes Accident, Suicide, Homicide

Reported by Frank H. Ruhl.

Address Lansdowne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Undertaker - Julius Koehler
Sharp & Cross St.

Name in Full

Certificate of Death

Juliana Hedrick

Died at Town: Mt Washington County: Baltimore MARYLAND

Date 1898 Month: 10 Day: 28 | Age Y.: 69 M.: — D.: — | Native of: Pa | Occupation: House-work

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: Three

Husband / Wife of Dead

Father's Name: Dead

Mother's Name: Dead

Cause of Death — Primary: Fall by accident 97

Cause of Death — Immediate: Brights Disease

How long sick: 2 months

Accident, Suicide, Homicide

Reported by: Morris Shanks M. D.

Address: Mt Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full | Certificate of Death

Maggie Henry

Died at 1 Town Rossville County Baltimore MARYLAND

Date 1898 Month 10 Day 15 Age Y. 41 M. D. Native of Va. Occupation

Male ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 83

Cause of Death: Primary Ilio-colitis

Immediate Prostration

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Henry F. Graetzel M.D.

Address 2234 E. Biddle St Balto, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Chas. H. Lantz, Golden Ridge, Md.

Name in Full

Certificate of Death

Dennis Newhan

Died at Mt. Washington (Town) Balto. (County) MARYLAND

Date 189 8 Month Oct. Day 2 | Age Y. 29 M. D. | Native of Md. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name C. Newhan

Mother's Name

Cause of Death: Primary 69 | How long sick

Immediate Acute Bronchitis | Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Minnie Hickey

Certificate of Death

Died at: Town: Granite County: Balto MARYLAND

Date 1898 Month: oct. Day: 14 Age: Y. 4 M. 6 D. 26 Native of: Md. Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of [illegible]~~

Husband of Wife

Father's Name: Jas. T. Hickey

Mother's Name: Mary C. Hickey

Cause of Death: Primary: Traumatic Meningitis

Immediate: Pressure of clot on Brain

How long sick: 10 days

accident ~~Accident Suicide Homicide~~

Reported by: H. F. Shipley M.D. Fall. Fractured skull

Address: Granite Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

P.C.I. 21

Name in Full — Certificate of Death

William Holland

Died at Balto. Co. Almhouse — Town — County Baltimore — MARYLAND

Date 189 — Month 8 — Day 10 - 4 — Age Y. 50 M. D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married — Single — Widow — Widower — Divorced — Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Democrat Towson

Address 11 - 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Henry C. Hugg

Died at Town: Pleasant View County: Baltimore MARYLAND

Date 189 5 Month 10-16 Day Age Y. 65 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Maryland Journal Forum

Address [redacted] 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6868

Nama in Full

Certificate of Death

Frederick Inwold

Died at Town Town County Baltimore MARYLAND

Date 189 8 Month Oct Day 2 | Age Y. 25 M. D. | Native of | Occupation

Mala ~~Female~~ Whita ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 0

Husband / Wife of

Father's Name Henry Inwold

Mother's Name Anna

Cause of Death: Primary Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by B. Co. Dem. Oct 8 11

Address

Must be signed by physician, if any in attendanca, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

London Park.

Name in Full: Owen Jackson

Certificate of Death

Died at — Town: Granity — County: Balto — MARYLAND

Date 1898 — Month: Oct. — Day: 19 — Age: Y. 34 M. 11 D. 28 — Native of: Md. — Occupation: Farm Hand

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 3

Husband ~~Wife~~ of: Nora Jackson

Father's Name: Jackob Jackson — Mother's Name: ~~Eliz~~ Eliz. Jackson

Cause of Death — Primary: Tuberculosis — How long sick: 22 days

Immediate: Pulmonary Hemorrhage — Accident, Suicide, Homicide

Reported by: H. F. Shipley

Address: Granity Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868

Name in Full | Certificate of Death

Susan Jackson

Died at B. V. Asylum (Town) County Baltimore MARYLAND

Date 189 5 Month 10 Day 4 | Age Y. 71 M. D. | Native of Balto. | Occupation Domestic

Male | White | Married | Widow | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband / Wife of

Father's Name | Mother's Name 86

Cause of Death: Primary Intestinal Obstruction | How long sick

Immediate Peritonitis | Accident, Suicide, Homicide

Reported by Lee Cohen M.D.

Address Bay View Asylum Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Philip Jarvis

Certificate of Death

Sparrow's Point Baltimore

Died at Town Sparrow's Pt. County Baltimore MARYLAND

Date 1898 Month October Day 31 Age Y. M. D. About 55 to 60 Native of England, E.C. Occupation Watch maker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~, Seperated from wife Number of children living, one as far as known

Husband ~~Wife~~ of All his family are in England, except daughter, whose location is not known

Father's Name ? Mother's Name ? 145 d.

Cause of Death ~~Primary~~ Struck by train knocked off ~~Immediate~~ bridge in water, when taken out was dead

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Charles F. Owings, J. P. as coroner

Address Sparrow's Point. Baltimore County, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7970a

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

John Henry Kaline

Died at Providence (Town) Balt. (County) MARYLAND

Date 189 4 Month Oct Day 17 | Age Y. 4 M. 9 D. 7 | Native of Maryland. | Occupation Bayliff. & Gent

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 9

Husband ~~Wife~~ of Annie C Kaline

Father's Name Frederick Kaline | Mother's Name Julia Kaline

Cause of Death: Primary Phthisis Pulmonalis | How long sick 3 years.

Immediate

~~Accident Suicide Homicide~~

Reported by H S Jarrell M D

Address Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968

Name in Full: Mrs. E. Marion Kenly

Certificate of Death

Died at Town: Lake Montebello County: Baltimore MARYLAND

Date 189 8 Month 10 Day 19 | Age Y. 63 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Major Wm. L. Kenly

Father's Name Richard W. Hook Mother's Name 161

Cause of Death: Primary Complication of diseases | How long sick 6 weeks

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal Towson

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Katie A. Kilkenney

Certificate of Death

Died at: Town: Parkton; County: Balto.; MARYLAND

Date 189 8: Month: Oct; Day: 17

Age: Y. 16 M. 5 D. 18

Native of: Maryland

Occupation: Student

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

Divorced

Number ~~of children~~ living

~~Husband~~ / ~~Wife~~ of

Father's Name: John Kilkenney

Mother's Name: Ellen Kilkenney

Cause of Death — Primary: Typhoid Fever 1 — How ~~long sick~~: 9 days

Cause of Death — Immediate: Heart Failure

Accident, ~~Suicide, Homicide~~

Reported by: E. R. Norris M. D.

Address: Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full William J. King

Certificate of Death

Died at Town Delight County Baltimore MARYLAND

Date 189 8 Month 10 - Day 17 Age Y. 63 M. D. Native of Balto. Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Josephine (Ritter) King

Father's Name

Mother's Name

Cause of Death Primary Spinal Meningitis How long sick

Immediate 39 a Accident, Suicide, Homicide

Reported by Maryland Journal Towson

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Peter Kirwin

Certificate of Death

Died at Town B. V. Asylum County Baltimore MARYLAND

Date 189 F Month 10 Day 19 Age Y. 76 (?) M. D. Native of Ireland Occupation Laborer

Male White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death Primary Interstitial Nephritis How long sick

Immediate Inanition Accident, Suicide, Homicide

Reported by Lee Cohen M.D.,

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

William Koch,

Died at Town Shepard & E. Pratt Hos. County Baltimore MARYLAND

Date 189 8 Month 10 Day 4 Age Y. 23 M. D. Netive of Occupation Jeweller

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

59

Cause of Death Primary Asthenia

Immediate Apoplexy

How long sick

Accident, Suicide, Homicide

Reported by E. N. Brush, M.D.

Address Shepard & E. P. Hos.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full Wladislaw Konjiasky

Certificate of Death

Died at Town Patapsco Neck County Baltimore MARYLAND

Date 189 8 Month 10 Day 2 Age Y. 4 M. 16 D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Malaria 19 How long ~~sick~~ 5 days

Immediate Accident, Suicide, Homicide

Reported by Wm. Hinkel, M.D.

Address 318 S. Wolf St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Margaret Holmes Lama

Died at Town Arlington County Bath MARYLAND

Date 1898 Month Oct Day 25 Age Y. 5 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Rev. E H. Lama Mother's Name Emma Scarff

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Argis & Intelligencer Nov. 4th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Hannah M Lutz.

Certificate of Death

Died at Town Dickeyville County Balto MARYLAND

Date 1898 Month Oct Day 27th. Age Y. 23 M. D. Native of America Occupation Wife.

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living None

~~Husband~~ Wife of Walter Lutz.

Father's Name Dead. Mother's Name Mrs Preston.

Cause of Death: Primary Typhoid Fever. How long sick 3 weeks.

Immediate

Accident, Suicide, Homicide

Reported by Dr George J. Eppihart.

Address Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Walter Lutz, Jr. — Certificate of Death

Died at — Town: Dickeyville — County: Balto — MARYLAND

Date 1898 — Month: Oct — Day: 4th — Age: Y. 7 M. D. — Native of: America — Occupation: ———

Male — White — ~~Married~~ — Widow — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Walter Lutz — Mother's Name: Hannah M. Lutz.

Cause of Death — Primary: Prematur Birth — How long sick: 138 X

Immediate: as child was a 8 months Child. — Accident, Suicide, Homicide

Reported by: Dr George H. Enyhart.

Address: Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Lyddon

Certificate of Death

Died at Bay View Asylum Town County Baltimore MARYLAND

Date 189 8 Month 10 Day 3 Age Y. 68 M. D. Native of Md. Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

97

Cause of Death { Primary Chronic Nephritis

Immediate Uraemia

How long sick

Accident, Suicide, Homicide

Reported by Lee Cohen, M.D.,

Address B. V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full M. G. McCamas

Certificate of Death

Died at Town County Baltimore MARYLAND

Date 1898 Month Day Oct. 12 Age Y. M. D. 16 Native of — Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife X X

Father's Name Amos McCamas Mother's Name Susan McCamas

Cause of Death Primary Dark Pruritt How long sick X

Immediate Progressive Anaemia Accident, Suicide, Homicide X

Reported by L Rowe Price M.D.

Address Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary A. McGowan

Certificate of Death

Died at Town Calmsville County Baltimore MARYLAND

Date 189 8 Month 10 Day 13 Age Y. 42 M. 9 D. Native of Bath Co. Occupation House-keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

229

Father's Name

Mother's Name

Cause of Death Primary Pulmonary Phthisis How long sick 3 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Jos. G. Stunder M.D.

Address 1575 W. Fayette St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

G. W. Riddlemoser & Co.
95 Linden Ave.
Balto.

Name in Full: Andrew Maisel

Certificate of Death

Died at Town: Catonsville County: Baltimore MARYLAND

Date 189 8 Month Day Oct. 31 Age Y. 60 M. D. Native of Bavaria Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

Husband ~~Wife~~ of Elizabeth Schaub

Father's Name

Mother's Name

Cause of Death: Primary Consumption of bowels

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Journal Tourism Nov. 5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

+ Rev. Geo. W. Ebeling, Nov. 22 Pastor,
Salem Lutheran Church,
Rev. Mr. Idle,

Name in Full | Certificate of Death

Solomon F. Matthews

Died at Town: Kenwood Ave. County: Baltimore MARYLAND

Date 1895 Month 10 Day 12 Age Y. 1 M. 3 D. Native of Balt. Co. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death: Primary Gastro enteritis

Immediate Exhaustion

How long sick, week

Accident, Suicide, Homicide

Reported by E. Welch, M.D.,

Address 607 N. Charles St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

J. Rhiens & Co.
754 Eutaw St., Balto.

Name in Full

Certificate of Death

Mrs. Agnes R. Moltz

Town County

Died at Lauraville, Harford Road Baltimore MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 8 Oct 20 Age 75

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 44

Cause of Death { Primary Paralysis & acute dysentery How long sick

Immediate Accident, Suicide, Homicide

Reported by Mrs. A. F. Whitelord & Son

Address Parkville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65858

Name in Full Joseph Monsa

Certificate of Death

Died at Town 409 Hudson St. ex County Baltimore MARYLAND

Date 189 8 Month 10 Day 5 Age Y. 38 M. D. Native of Germany Occupation Beer Brewer

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Typhoid Fever How long sick 8 days

Immediate

Accident, Suicide, Homicide

Reported by A. S. Warner M.D.

Address 1120 Highland Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Mary Nolan

Died at Town Catonsville County Baltimore MARYLAND

Date 1898 Month Oct Day 19 Age Y. 52 M. D. Native of Ireland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Bernard Nolan

Father's Name Mother's Name

74

Cause of Death Primary Apoplexy

Immediate Cerebral Hemorrhage

How long sick 3 days

Accident, Suicide, Homicide

Reported by Mary Macgill MD

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Maria Quinn

Died at — Town: B. V. Asylum — County: Baltimore — MARYLAND

Date 189 8 — Month/Day: 10-1 — Age: Y. 65 M. D. — Native of: Md. — Occupation: Domestic

~~Male~~ Female — ~~White~~ ~~Colored~~ Black — ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ — Number of children living

Husband / Wife of

Father's Name

Mother's Name

97

Cause of Death — Primary: Chronic Rheumatism

Immediate: Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by: Lee Cohen M.D.

Address: B. V. Asylum, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965

E. M. Sherman,
Health Officer

Name in Full Louise M. Radecke, Certificate of Death

Died at Mr. Winans Town County Baltimore MARYLAND

Date 189 8 Month 10 Day 2 Age Y. 38 M. D. Native of Balto. Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

229

Cause of Death Primary Consumption How long sick

Immediate Accident, Suicide, Homicide

Reported by H. W. Wilmer M.D.

Address 723 Lombard St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Annie Reich

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 1898 Month Oct Day 26 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Journal. Tuson. Nov. 5th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

+ Rev. Geo. W. Ebeling
Nov. 27

Name in Full

Certificate of Death

Harriet G. Reynolds

Died at Town: Upper Falls County: Balto. MARYLAND

Date 1898 Month: Oct. Day: 18 | Age Y.: 74 M.: D.: | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widowed~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 27

Cause of Death { Primary: Gout of internal organs. | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. E. H. Altvater

Address Upper Falls, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Winfield W. Richardson

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1898 Month Oct Day 1 | Age Y. 44 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 5

Husband of Wife x

Father's Name x

Mother's Name x 45

Cause of Death: Primary General Paresis | How long sick 2 weeks

Immediate Cerebral Hemorrhage | Accident, Suicide, Homicide

Reported by J Reg Wade

Address Md Hosp Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Robinson — Certificate of Death

Died at Town Lorentin County Baltimore MARYLAND

Date 189 8 Month 10 Day | Age Y. 1 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Louis Robinson | Mother's Name ?

Cause of Death: Primary Whooping cough | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mrs Green 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Charles Shafer

Died at Town Arlington County Baltimore MARYLAND

Date 1898 Month Oct. Day 29 Age Y. 10 M. — D. Native of Balt. Co. Occupation School Boy

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Charles Shafer Mother's Name

Cause of Death Primary Typhoid fever

Immediate Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by C. H. Kraft Undertaker

Address Pikesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr. Jones
Certificate of
Death filed with
Health Board
Balto. City

C. H. Kraft

Name in Full Ralph Shauck

Certificate of Death

Died at Town 6th District County Baltimore MARYLAND

Date 189 8 Month 10 Day 5 Age Y. M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Frank R. Shauck Mother's Name 161

Cause of Death Primary Bleeding at the nose How long sick

Immediate Accident, Suicide, Homicide

Reported by Maryland Journal Towson

Address 10-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full Patrick Silk

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 5 Month 16 Day 14 Age Y. M. D. Native of Ireland Occupation Laborer

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

145 E

Cause of Death Primary Run over by a cart

Immediate

How long sick

Accident, Suicide, Homicide

Reported by John H. Richardson Coroner

Address Highlandtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Esther Simmons

Died at St Denis (Town) Baltimore (County) MARYLAND

Date 1898 Month Oct. Day 6 | Age Y. 2 M. 8 D. 3 | Native of Md. | Occupation ———

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name J. Benj. Simmons | Mother's Name Katie Simmons

Cause of Death: Primary Catarrhal Pneumonia | How long sick about 6 wks.

Immediate Acute nephritis 71 | ~~Accident, Suicide, Homicide~~

Reported by M. R. Earnest M.D.

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Michael Smitana

Certificate of Death

Died in Town Patapsco River County Baltimore MARYLAND

Date 189 F Month 10 Day 2 | Age Y. 7 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

148

Cause of Death { Primary Drowned in Patapsco R. How long sick

Immediate

Accident, ~~Suicide, Homicide~~

Reported by William Leyshon,

Address Canton, Md Justice of Peace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEDCO

Name in Full

Certificate of Death

Laura Smith

Died at Town: Phoenix County: Baltimore MARYLAND

Date 189 8 Oct 23 | Age Y. 70 M. D. | Native of | Occupation Postmaster

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Heart Disease 5 7 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dennis Tyson Oct 29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55858

Name in Full Sarah Jane Snead

Certificate of Death

Died at Town Roland Park County Baltimore MARYLAND

Date 189 8 Month 10 Day 15 Age Y. 64 M. 10 D. 14 Native of Va. Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of John A Snead

Father's Name

Mother's Name

84

Cause of Death Primary Dysentery How long sick 3 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Maryland Journal Towson,

Address 10-22

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

J. R. B. Monument
320 Falls Road

E. Schloman & Son
1039 Hanover St.

Name in Full

Certificate of Death

John Standiford

Died at 7th Dist. Md. Line Town County Baltimore MARYLAND

Date 189 8 Month 10 Day Age Y. 65 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Balto. Co. Union 10-22 Towson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Josiah Stockesdale. Certificate of Death

Died at Town Dover. County Talbot Co. MARYLAND

Date 189 8. Month Oct. Day 28. Age Y. 70. M. D. Native of Maryland. Occupation Farmer.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widower~~ ~~Divorced~~

Husband of Wife Lucinda Stockesdale.

Father's Name Aaron Stockesdale Mother's Name

Cause of Death: Primary Scrofulous V3 How long sick One Year

Immediate Paralysis Accident Suicide Homicide

Reported by J Rowe Price

Address Glyndon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

E. D. Selby Reisterstown

Name in Full — Terry

Certificate of Death

Died at Town: Owings Mills County: Baltimore MARYLAND

Date 189 Month: 10 Day: 21 Age: Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

161

Cause of Death: Primary / Immediate — How long sick — Accident, Suicide, Homicide

Reported by Dr. H. F. Campbell

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full No 4293 Certificate of Death

Julia Thomson

Died at Town Catonsville County Balto. MARYLAND

Date 1898. Month Oct. Day 22 Age Y. 69 M. D. Native of Md Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of J. Thompson.

Father's Name H Coller Mother's Name 52

Cause of Death Primary Chronic Progressive Paralysis. How long sick

Immediate Exhaustion. Accident, ~~Suicide, Hygiene~~

Reported by Dr C L Mittfeldt H. O.

Address fo Coroner S W Owens.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Irene Treuther

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 Month Oct. Day 24 Age Y. 2 M. 6 D. – Native of Occupation

[redacted] Female Wnite ~~Colored~~ ~~Married~~ Single Widow / Widower Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary D. Croup. Immediate Asphyxia

How long sick 3 days.

[redacted]

Reported by A. S. Warner M. D.

Address 1120 Highland Av. [redacted] Balto County.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

George Wilford Trumbull

Died at Town: Toll Gate | County: Delanys Pike Batt Co. | MARYLAND

Date 1898 Month: Oct 8 Day: 30 | Age Y. 44 M. 9. D. 21 | Native of: Maryland. | Occupation: Toll Gate Keeper

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2.

Husband / Wife of George W. Trumbull

Father's Name Adam Trumbull | Mother's Name Lidia Trumbull

Cause of Death: Primary & | Immediate Phthisis | 22.9. | How long sick 2 years | Accident, Suicide, Homicide

Reported by Thos. H. Emory M.D.

Address Taylor, Harford Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Pauline Vogt

Died at Town Loney's Lane, County Countyside Baltr. Cr. MARYLAND

Date 1898 Month Oct Day 3 Age Y. 8 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

48

Cause of Death { Primary Dentition

Immediate Eclampsia

How long sick 3 das.

Accident, Suicide, Homicide

Reported by J. F. Martenet M.D.

Address 901 N. Caroline St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

L. Rity & Son — Undertakers
1741 Eastern Ave.

Name in Full Charles Webster

Certificate of Death

Died at Town St. Agnes Hospital County Baltimore MARYLAND

Date 189 8 Month 10 Day 12 Age Y. 88 M. D. Native of Md. Occupation Lawyer

Male White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

141

Cause of Death Primary Senile

Immediate Asthenia

How long sick 6 weeks

Accident, Suicide, Homicide

Reported by D. T. O'Connor, M.D.,

Address St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Mrs. Geo. B. Cook,
1003 N. Baltimore Balto.

Name in Full Margaret Whelan

Certificate of Death

Died at Town Granite County Baltimore MARYLAND

Date 189 8 Month 10 Day 19 Age Y. M. D. Native of Md Occupation

~~Male~~ White / ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Thomas Whelan

Mother's Name Catharine Dooby

Cause of Death Primary Still born

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Benj. F. Shipley M.D.

Address Alpha, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Annie Wilson

Certificate of Death

Died at Town Bay View County Baltimore MARYLAND

Date 189 5 Month 10 Day 8 Y. M. D. Age 70 Native of Occupation Domestic

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Divorced~~ ~~Widower~~

Number of children living

Husband of
Wife

220

Father's Name

Mother's Name

Cause of Death { Primary Phthisis Pulmonalis
Immediate Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Lee Turner M.D.,

Address Bay View Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Sister Caroline Wolf

Town — County

Died at St. Agnes Hospital Baltimore MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 5 10-17 Age 25 - 2 Maryland Nurse

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Typhoid fever Pneumonia Pericarditis — How long sick 3 weeks

Immediate: Asthenia

Accident, Suicide, Homicide

Reported by J. F. O'Connor M.D., St. Agnes Hospital

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 58968

F. A. Kinne, Rev. 703 Hanover St.
Balto., Md.

Name in Full Thomas Wright J. R. Certificate of Death

Died at Town near Rockland County Baltimore MARYLAND

Date 189 5 Month 10 Day 13 Age Y. 67 M. 9 D. 4 Native of Balto. Occupation Mom fgr.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 57

Cause of Death Primary Organic heart disase How long sick Suddenly

Immediate Accident, Suicide, Homicide

Reported by Wm. J. Todd M.D.

Address Mt. Washington, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Henry W. Mears, Undktr.,
413 E. Fayette St.
Balto.

Name in Full — Certificate of Death

Robert Young

Died at — Town: Bay View Asylum — County: Baltimore — MARYLAND

Date 189 5 — Month Day: 10-14 — Age Y. M. D.: 28 — Nation of: S. Carolina — Occupation: Laborer

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

22 E

Cause of Death — Primary: Pott's disease

Immediate: Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by: Lee Cohen M.D.

Address: Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

E. M. Stevenson,
Health Office